History

The Cheatham County Health Council was developed after a meeting between representatives from the Tennessee Department of Health and the Cheatham County Executive. After this collaboration in November 1996, a list of potential council members was acquired and presented to the Community Development Staff at the Mid-Cumberland Regional Office. Prospective members were contacted and invited to a meeting to be held in December 1996. At this meeting, prospective members were introduced to the "Community Diagnosis" process and the roles and responsibilities of the newly formed Cheatham County Health Council. The council contains members from various geographic locations, social-economic levels and ethnic groups within the county. A list of current members is included as "Appendix A".

The Council has met monthly since its inception. Council meetings are scheduled for the second Friday of each month at Bill's Restaurant, Highway 12, Ashland City, Tennessee. Meetings are open to the public from 12:30-1:30 p.m.

Summary

During its first year, the council reviewed and discussed many data sets related to the county's health status as compared to the State. Members began this process by developing a preliminary list of concerns that appeared to concern a majority of county residents. This list consisted of ten broad areas of concern. Data specific to these concerns were gathered and scrutinized by the council. After reviewing the data and discussing each of these problem areas, the council concluded its study with no additional problem areas discovered in the data sets.

After determining the major problems in the county, each problem area was prioritized based upon their perceived size and seriousness (the number of people affected, the impact on health, and the financial cost). The council formed three subgroups to begin the process of developing strategies to reduce these problems. Each subgroup will analyze one problem area until a satisfactory outcome is achieved. The three problem areas under examination are #1 Medically Underserved, #2 Substance Abuse, and #3 Youth Issues. More details related to the priority problem can be found in the Health Issues and Priorities section of this document.